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Bib Data Sheet

CONFIRMATION NO. 1377

SERIAL NUMBER 09/891,161	FILING DATE 06/25/2001 RULE	CLASS 382	GROUP ART UNIT 2625	ATTORNEY DOCKET NO. 82122DMW
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APPLICANTS

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** CONTINUING DATA ***** None. J.A.

** FOREIGN APPLICATIONS ***** None. J.A.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 08/21/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 8	TOTAL CLAIMS 23 32	INDEPENDENT CLAIMS 2 6
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Verified and Acknowledged
 Examiner's Signature J.A. Initials

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TITLE
 Method and system for determinig DCT block boundaries

FILING FEE RECEIVED 1098	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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